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(Depositor's name)	Colleen Coyne
(Signature)	(Intell Come
(Date)	July 10, 2003

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 01/00/2001 00/757 300 Roger Brent 00786/317003 6700

TITLE OF INVENTION: DETECTION SYSTEMS FOR REGISTERING PROTEIN INTERACTIONS AND FUNCTIONAL RELATIONSHIPS

APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$1300 \$1600 08/28/2003 nonprovisional FYAMINER ARTINIT CLASS-SUBCLASS STRZELECKA, TERESA E 435-004000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys Clark & Elbing LLP or agents OR, alternatively, (2) the name of a Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered attorney or agent) and the names of up to 2 © "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered patent attorneys or agents. If no name is listed, no name will be printed Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The General Hospital Corporation Boston, Massachusetts

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